

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 58943

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3				1			
4		1		1			
5							
6							
7				1			
8							
9		1		1			
10				1			
11		1		1			
12				1			
13		1		1			
14		1		1			
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16		1		1			
17		1		1			
18		1		1			
19		1		1			
20		1		1			
21		1		1			
22		1		1			
23		1		1			
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26		1		1			
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32	1		1				
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37		1		1			
38		1		1			
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42		1		1			
43		1		1			
44		1		1			
45		1		1			
46		1		1			
47		1		1			
48		1		1			
49		1		1			
50		1		1			
TOTAL IND.			↓		↓		↓
TOTAL DEP.			←		←		←
TOTAL CLAIMS							

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
53							
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93							
94							
95							
96							
97							
98							
99							
100							
TOTAL IND.			2		↓		2
TOTAL DEP.			78		←		78
TOTAL CLAIMS			80		80		